#### LOCATION:

909 Packerland Drive Green Bay, WI 54303 **WEBSITE**:

www.oneida-nsn.gov

EMAIL:

 $HRD\_Jobs@one idanation.org$ 



A good mind. A good heart. A strong fire.

**MAILING ADDRESS:** 

PO Box 365 Oneida WI 54155-0365

PHONE:

(920)496-7900 FAX:

(920)496-7490

#### APPLICATION FOR FMPL OYMENT

	pletely. Incomplete application IN IS REQUIRED FOR EACH POS				ng date will not be	considered.**					
	pout this position? $\square$ Or		☐ Walk-in	☐ Family or F	Friend □ Oth	ner					
	_	-	_								
<u>Transfers/Promotion</u> Please check here to be considered as a transfer/promotion applicant. You must be a regular employee, have one consecutive year of service as a regular status employee and apply within the first five days of posting. Transfer/promotion applicants must notify their supervisors that they applied. Supervisors may require you to serve in current position until a replacement can be found.											
<b>Position Applying</b>	For:				Job #:						
Name:			,								
	(First)	(La	st) 		(Full Middle) an email addres	(Suffix ex. Jr, III) s is provided, we will					
Gender: M	F Email Address:					munication purposes.					
Address:			City:		State:	Wisconsin					
Zip Code:	County:	Phone #:		Tribal Affiliation	n: (oneida)						
Enrollment Status:					Enrollme	ent #:					
(Ap	plicant will be required to provide docum	entation of enrollment status to o	comply with the Oneid	la and Indian Preference Po	olicy)						
<b>EDUCATION INFOR</b>											
High School or	School Name & City, State	# of Years			ma Earned						
Highest Grade Completed		Completed		(HSED	), GED, etc)						
College/Univ.	School Name & City, State		Cuadita								
Credits Earned or Highest Grade Completed		Date Received C	Credits ompleted	Major/Minor							
	School Name & City, State										
Graduate/ Professional Credits Earned	·	Date	Credits ompleted	Major/Minor							
   Additional Education	n and Dates, Specialized	LLicense Ce	rtifications. A	nnrenticeshin. 6	 etc						
				.рр. с ссэр,							
Summarize Special	Skills										

## Application For Employment Page 2

EMPLOYMENT HISTORY: (Provide the following information starting with your <u>current</u> position) From: Month/Year To: Month/Year Title: Employer: Address: Reason for Leaving: Phone #: Summarize job duties/responsibilities: From: Month/Year Title: To: Month/Year Address: Employer: Reason for Leaving: Phone #: Summarize job duties/responsibilities:

## Application For Employment Page 3

EMPLOYMENT HISTORY: (Provide the following information starting with your <u>current</u> position) From: Month/Year To: Month/Year Title: Employer: Address: Reason for Leaving: Phone #: Summarize job duties/responsibilities: From: Month/Year To: Month/Year Title: Address: Employer: Reason for Leaving: Phone #: Summarize job duties/responsibilities:

# Application For Employment Page 4

	Check the following boxes if you are attaching additional documents.										
	Resume	Cover Letter			Transcript(s)		Letter(s) of	Reference			
	Copy of Diploma	Copy of Licen	se(s)		Copy of Certification(s)		Documentat	ion of Enrollment Status			
Please read and check each of the following statements. By checking each box, you are verifying you have read, understand and agree to each of the statements.											
	<b>Disclaimer</b> : The Oneida Nation be rejected. Please note: A Sepa						pplications n	nay			
I hereby certify that all statements within this application and all supporting documents are true, complete and correct to the best of my knowledge. I understand if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if employed, my employment may be terminated at any time.											
	All information gathered by the Employee Background Investigation Department will be confidential. This application becomes the property of the Oneida Nation.										
Any reproduction of this release, whether photocopy, fax, or other process, shall be considered as valid as the original. Employers are hereby released from any and all liability which may result from furnishing such information.											
I hereby authorize all persons and entities to whom this release is presented, having information relating to or concerning me, to furnish any and all such information to any agent of the Oneida Human Resources and/or Oneida Gaming Commission for purposes of employment with the Oneida Nation.											
	I understand that when applying apply for a gaming license with				g Surveillance, MIS-Gam	ing, and l	nternal Secu	rity, that I must ALSO			
If hired, can you provide valid documentation establishing and eligibility to be legally employed in the United State					es? YES NO			(Proof of citizenship or immigration status is requried upon employment.)			
	<b>Note:</b> A Social Security Card is I it must be presented upon hire f			ork en	giointy, nowever,						
So	cial Security #:				Date of	Birth:					
Driver's License #/ID:				CDL License:							
Sic	gnature:						Date				
		name in the signature	field abo	ve if yo	ou are emailing this applica	tion.					
Please <b>type</b> your name in the signature field above if you are emailing this application.  If you are submitting this application via email; you will need to save this document to your desktop and/or jump drive. Applications and any additional documents should be emailed to <b>HRD_Jobs@oneidanation.org</b> .											
Have you ever used or are you otherwise known by another name? If so, please list all such names (including nickname and maiden name):											
A.	K.A.	A.K.A.				A.K.A.					
A.	K.A.	A.K.A.				A.K.A.					